

#### DOCKET FILE COPY ORIGINAL

August 2, 2001

Whippany, NJ 07981

# RECEIVED

Universal Service Administrative Company Schools & Libraries Division Correspondence Unit-Box 125 80 South Jefferson Road AUG 2 4 2001

FCC MAIL ROOM

Re:

Fund Year 4 FORM 471-Rejection Letter Appeal

Letter dated July 26, 2001- CC Docket Nos. 96-45 and 97-21

Applicant's Form Identifier #471-01-71, Application Number 278572

Dear Schools and Libraries Division:

This letter of appeal concerns the following issues for Sentinel School District, entity number 142988. As stated in the instructions on Block 5, page one, copies of the original form were necessary and each completed page was consecutively numbered to assure that all were processed correctly. In an attempt to avoid filling out each numbered page by hand the original page was copied using a computer and filled out with the aid of a spreadsheet. When copied using this method, however, 'FCC Form 471 – October 2000' that appears on the original form in the lower right hand corner was omitted.

I disagree with the decision stated in the rejection letter because the correct OMB-approved FCC Forms were used and all instructions were followed. Copying forms on the computer saves time, both for the applicant and the reader of the application. I feel that since the instructions on Block 5, page one did not specify what method of copying to use, that a rejection of our application is unwarranted due to the fact that correct OMB-approved FCC Forms were indeed used.

Sincerely,

Debbie Munoz

Maricopa County School Superintendent's Office

301 W. Jefferson, Suite 660

Phoenix, AZ 85003

Phone: (602) 506-7912 Fax: (602) 506-3753

E-mail:

cc: Enclosures



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#### Fund Year a FORMATTIRGUECTION LETTER

July 20 A CONTR

CHRISTOPHER UNIVERSE
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TO THE BOOK SERVINE SERVIN

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# FCC Form 471

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Approval by OMB 3060-0806

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l	,	Servi	ces Order	ed and (	Certifica	ntion Form 471	-
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Th	nis form asks schools and	d libraries	to list the eligible	telecommunica	tions-related s	services they have ordered and estimate the anni	uai
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BI	ock 1: Billed	Entity	/ Informat	ion			ļ
		(The *Bille	ed Entity" is the en	ntity paying the	bills for the se	ervices listed on this form.)	
1	Name of Billed Entity (	30 charac	ters max.)	Sentinel E	lementary	District 71	
2						umber (up to 10 digits) 142988 454987	m
	Funding Year: July 1, 2	2001 throu			S Enuty NL	umber (up to 10 digits) 1424 60 434367	'
4a	Street Address, P.O. B	lox,	HC 1, Box 57	7	<del></del>		
ĺ	or Route Number		<u> </u>		<u></u>		
ł	City	Datelan	ď	State	AZ	Zip Code <b>85333</b> -	
b	Telephone Number (10	) digits + c	ovt )	(520) 454	-2474 ext.		
			:XI.)		·		
С	Fax Number (10 digits)	<u> </u>		(520) 454	- 2241		
d	E-mail Address (50 cha	aracters m		<del></del>			
5	Type of Application		School District	(public or non-p	•	diseases least district reseaseing multiple appeals)	
		뇓	School District Library		et/branch, system	diocesan) local district representing multiple schools)	
		H	Consortium		•	s consortium are ineligible non-governmental entities.	
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		<del> </del>					—
6a	Contact Person's Name		Christopher		that is differe	ent from Item 4, above	
	Then check the box ne						
b		<u> </u>	[				
D	Street Address, P	.O.					
	Box, or Route Nu	mber		1		T	
	City			State		Zip Code -	
С	Telephone Number	er (10 digi	ts + ext.)	()		ext.	
d	Fax Number (10 c	ligits)		()			
е	E-mail Address (5	0 charact	ers max.)				
f	Holiday/vacation/summ	er contact	information:				
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DIC -	ock 2: Minor N			_	*		
1						ation of services, to	
						. Provide the data requested below,	1
	attach a Description	r	ces nighting th	ne modified ser			
ħ.a	Form 471 Application requirements	Ł	ha filed BEARILLE	IIV and Dis		st universalservice org for filing instructions	
141	mor mounication (800	らついつ じりい	DE IIIEU MANIJAI	IL TODIV PIAS	WWW 992 92	SI HDIVATERICATURE ATO TAT TILLO INSTRUCTIONS	

1	$\Box$	Check if this Form 471 represent	s a minor modification, such as a modification of services, to										
		a Form 471 for which you alread	y have a Receipt Acknowledgement Letter. Provide the data requested below,										
		attach a Description of Services	nighlighting the modified service, and sign Block 6.										
		Form 471 Application #:	Funding Request Number:										
	Minor	or modification requests can be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions.											

Entity Number154987	Applicant's Form Identifier471-01-71
Contact PersonChristopher Maynes	Phone Number(520) 454-2474

## **Block 4: Discount Calculation Worksheet A** for Schools/School Districts

Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

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#### 10a If you are:

- Applying for discounts ONLY for an individual school, or ONLY site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- Applying for discounts on services shared by ALL schools in the district (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well): Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).

0.1				
School District Name:	Sentinel Elementary District 71	School District Entity Number:	154987	
	Continue Licinici Italy District / I	OCHOOL DISTRICT LITTER HUMBOL.	104301	

1	2	3	4	5	6	7	8
Name of Eligible School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col. 5 + Col. 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
entinel Elementary <del>District 71</del>	-154987	R	35	27	77%	90%	31.5
School	97879						
mz - 4/a	6/01						
<u>,                                      </u>							
	•						
Totals for calculating Weighted Average Discount			35				31.5

Entity Conta	Number ct Person	154987 Christopher Ma	aynes		Applicant's Fo Phone Number			471-01-71  54-2474				
Instru Make	uctions: Us as many co	opies of this page	ge for <b>EACH</b> ser e as necessary, a	rvice (Fund and numbe	uest(s)  ding Request Number the completed pa	iges	to assure t	hat they are a	ling discounts.	Block 5, pag	e	of <u>B</u>
	Category	of Service (only ON	NE category should be	checked)	•	15	Contract	Number (if avai	lable; use "T" if tariffed s as described in Instructi			Т
	Telecomn	nunications Service	O Internet Acco	ess 🔾 In	iternal Connections	16	Billing Ad	count Numb	er (e.g., billed telephon	e number)	020-	558-8742-001
		Application Nun	n <b>ber</b> (15 digits)	71477	70000310545	17		e Vendor Sele orm 470 filing)	ection/Contract E	Date (mm/dd/yyyy	)	12/15/00
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						19b	Service E	nd Date (mm/	dd/yyyy) (use only fo	or "T" or "MTM" s	ervices)	6/30/02
14	Service Pr	ovider Name		AT&T Cor	rp.	20	Contract	Expiration Da	ate (mm/dd/yyyy)		n/a	
	Descriptio This Servi	on of ce:		an Attachr	ment #, and note nu		-		•	sts, plus any re	levant brar	nd names. Label this
	Entity/Enti Receiving	ities This Service:	this service :	154987	cific (provided to or 7 by all entities on a l		_	-			entity from	Block 4 receiving
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	A	B Re	ecurring Char	ges D	E		Non-	Recurring C		1	Total Cha	arges K
(total	aly \$ charges amount per of for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	rec	nnual non- urring (one-	the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (1xJ)
\$1	116.00	0	\$116.00	12	\$1,392.00		0	0	0	\$1,392.00	90%	\$1,253.00

Entity Number Contact Person	15498 Christopher M			Applicant's Fo	orm Identifier(520)	_471-01-71 454-2474						
Instructions: Us Make as many o	Block 5: Discount Funding Request(s)  Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.  The service of Service (Services) and the service (Funding Request Number) for which you are requesting discounts.  The service of Service (Funding Request Number) for which you are requesting discounts.  The service of Service (Funding Request Number) for which you are requesting discounts.  The service of Service (Funding Request Number) for which you are requesting discounts.  The service of Service (Funding Request Number) for which you are requesting discounts.  The service of Service (Funding Request Number) for which you are requesting discounts.  The service of Service (Funding Request Number) for which you are requesting discounts.  The service of Service (Funding Request Number) for which you are requesting discounts.  The service of Service (Funding Request Number) for which you are requesting discounts.  The service of Service (Funding Request Number) for which you are requesting discounts.  The service of Service (Funding Request Number) for which you are requesting discounts.  The service of Service (Funding Request Number) for which you are requesting discounts.  The service of Service (Funding Request Number) for which you are requesting discounts.											
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19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/02												
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21 Description This Servi	n of ce:	this description v	with an At	iption of the service tachment #, and no A-2, A-3, A-4	te number in s		•	osts, plus any i	relevant bra	and names. Label		
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\$90.00	0	\$90.00	12	\$1,080.00	0	0	0	\$1,080.00	90%	\$972.00		

Entity Cont	y Number act Person	15498 Christopher M	7 laynes		Applicant's Form Phone Number						
Insti Mak	ructions: Us e as many o	opies of this page	age for EACH see as necessary,	rvice (Fun and numb	uest(s) ding Request Num er the completed pa	ages to assure	that they are	sting discounts.	Block 5, pag	је <u>З</u>	of S
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s	335.00	0	\$335.00	12	\$4,020.00	0	0	0	\$4,020.00	90%	<b>\$3,618.00</b> ,

Entity Number  Contact Person	15498 Christopher M	7 аупеs		Applicant's Form Phone Number						
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\$0.00	0	\$0.00	0	\$0.00	\$5,433.20	0	\$5,433.20	\$5,433.20	90%	<b>\$4,</b> 889.88 ,

Entity Number Contact Person	15498 Christopher M	7laynes		Applicant's Forr Phone Number	n Identifier4 (520) 45	171-01-71 54-2474					
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\$0.00	0	\$0.00	0	\$0.00	<b>\$</b> 30,107.00	0	\$30,107.00	\$30,107.00	90%	\$27,096.30	

Entity Number Contact Person				Applicant's Form Phone Number	n Identifier4 (520) 45	71-01-71 4-2474				
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<b>\$</b> 1,565.45	0	\$1,565.45	12	\$18,785.40	0	0	0	\$18,785.40	90%	\$16,906.86 <sub>1</sub>

Entity Number Contact Person	15498 Christopher M			Applicant's Form Phone Number	n Identifier4 (520) 45	71-01-71 4-2474						
Block 5: Discount Funding Request(s)  Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.  FRN:#  *(to)by assigned by administrator)												
						15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)  74-2765115-900						
○ Telecomn	○ Telecommunications Service ○ Internet Access ● Internal Connections					16 Billing Account Number (e.g., billed telephone number) n/a						
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13 SPIN - Sei Identificat	vice Provider ion Number (9 di	aits)			18 Contract Award Date (mm/dd/yyyy) 01/12/01							
	•••	. · · <b>/</b>	14	43010846	19a Service S	<u>`</u>		07/01/01				
14 Service Provider Name D2 Technologies Inc.					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/02  20 Contract Expiration Date (mm/dd/yyyy) 06/30/02							
Description	e, including a breakdown of components and costs, plus any relevant brand names. Label											
This Servi	21 This Service: this description with an Attachment #, and note number in space provided below.  Attachment #A-12											
a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 this service:154987 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):								n Block 4 receiving				
23 Calculation						De económ - C	\h	· · · · · · · · · · · · · · · · · · ·	T-4-1 CL			
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	How much of the \$		# of	Annual pre-discount \$			Annual eligible pre-	Total program		Funding Commitment \$		
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month for service)	ineligible?	amount	service	recurring charges	time) \$ charges	(F) is ineligible?	for one-time charges		Block 4	(txJ)		
[		(A minus B)	provided in program	(C x D)			(F minus G)	amount (E + H)	Worksheet)			
		i I	year					(= ' 11)				
\$0.00	0	\$0.00	0	\$0.00	\$24,970.00	0	\$24,970.00	\$24,970.00	90%	<b>\$22,473.00</b> ,		

Entity Number Contact Person	15498 Christopher M			Applicant's Form Phone Number								
Block 5: Discount Funding Request(s)  Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.  (to be assigned by administrator)												
I _						15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)  15 Pilling Account Number (a.e. billed blockers with)						
12 Form 470	12 Form 470 Application Number (15 digits) 975950000310720					16 Billing Account Number (e.g., billed telephone number) n/a  17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/15/00						
13 SPIN - Service Provider Identification Number (9 digits) 143005746					18 Contract Award Date (mm/dd/yyyy) 01/17/01 19a Service Start Date (mm/dd/yyyy) 07/01/01							
14 Service P	14 Service Provider Name Comlink Contracting Southwest					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)     6/30/02       20 Contract Expiration Date (mm/dd/yyyy)     06/30/02						
You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Lab this description with an Attachment #, and note number in space provided below.  Attachment #A-13									and names. Label			
22 Entity/Entities Receiving This Service:  a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:  154987  b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):												
23 Calculations Recurring Charges Non-Recurring Charges Total Charges										arges		
A	В	C	D	E	F	G	Н	ı	J	K		
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?		# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre-	Total program year pre- discount \$ amount (E + H)		Funding Commitment \$ Request (IxJ)		
\$0.00	0	\$0.00	0	\$0.00	\$10,360.22	0	\$10,360.22	\$10,360.22	90%	\$9,324.20		